

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020549

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 87

FILED JUN 13 1963

V5:300  
Rev. 4/59

0500

20506

23

24

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29/53.3

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32 1-0

33 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Joachim Twp.

Length of stay in 1b

1 Wk.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Jefferson Memorial

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jefferson

c. CITY OR TOWN

Festus

d. STREET ADDRESS

709 Ridge Avenue

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

Daisy

NMN

Eaton

4. DATE OF DEATH

Month

June

Day

4

Year

1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/23/94

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Jefferson Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James A. Wilson

13b. MOTHER'S MAIDEN NAME

Jennie McKee

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

NO.

2

17. INFORMANT

Joyce Rudloff, 709 Ridge, Festus Mo.

Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Idiopathic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

10 hrs.

DUE TO (b)

Respirator

1 week

DUE TO (c)

Dehydrated Carcinoma sigmoid

1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 29 1962 to June 4 1962 and last saw her alive on June 4 1962

Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W.T. Judge M.D.

22b. ADDRESS

Crystal City Mo

22c. DATE SIGNED

6 June 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/7/63

23c. NAME OF CEMETERY OR CREMATORY

Victoria

23d. LOCATION (City, town, or county)

Victoria

Mo.

24. FUNERAL DIRECTOR

ADDRESS

J.L. Mothershead

DeSoto, Mo.

25. DATE RECD. BY LOCAL REG.

6-6-63

26. REGISTRAR'S SIGNATURE

James A. Judge

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*J Lee Mathershead*

Licensed Embalmer No.

*3531*

P. O. Address

*Sp. Soto, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.